MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

04178

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton, Maryland (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Memorial Hospital, Easton, Md.

How long in hospital or institution? 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME Dorothy Adams

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	S

9.(b) Name of husband or wife

9.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 1918

8. AGE: Years 26 | Months 0 | Days | If less than one day hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Shirt factory

11. Industry or business

FATHER 12. Name Otho B. Adams

13. Birthplace Md

MOTHER 14. Maiden name Edna Burbee

15. Birthplace Md.

16. Informant Otho Adams

Address Hurlock

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 15 1945 (month) (day) (year)

Cemetery or crematory Cemetery

Location Hurlock Md

19. Funeral director F. B. Willoughby

Address Hurlock, Md.

19. 4/13 (Date rec'd by registrar) 19 45 N. H. Meiere Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 19 45 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 19 45 to April 13 19 45

and that I last saw h. alive on April 13 19 45

	DURATION
Immediate cause of death: Encephalitis	4 hours
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M. D. M. D. or other

Address Easton, Maryland Date signed 4/14/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10 Clock

04179

Reg. Dist. No. 292

1. PLACE OF DEATH:
County: Talbert Co
City or town: Trappe (rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Talbot
City or town: Trappe (rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Jackie Bailey

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Mal	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
4			hrs. min.

9. Birthplace: Talbot md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Milton Bailey
13. Birthplace: md

MOTHER
14. Maiden name: Beatrice Skinner
15. Birthplace: Md

16. Informant: Milton Bailey
Address: Trappe md RD

17. April 9-45 Date thereof April 9-45
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory: Martin town
Location: Near Bolingbroke md

18. Funeral director: Lewis H Bahnemann
Address: Cambridge md

19. Apr 8" 1945 Joseph A Ross
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 4 1945 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1945 to April 4 1945
and that I last saw him alive on April 4 1945

Immediate cause of death	DURATION
Acute Endocarditis	4 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Raymond J Pratt M.D.
M. D. or other
Address Easton Md Date signed 4/5/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

04180

Reg. Dist. No. 220

1. PLACE OF DEATH:
County Talbot
City or town Easton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 75 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Md County Talbot
City or town Easton (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME Mary Emily Beauchamp

3. (b) Social Security Number ✓

4. Sex F.
5. Color or race W.
6.(a) Single, married, widowed, or divorced Widowed
6.(b) Name of husband or wife John E. Beauchamp
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) June 29, 1862

8. AGE:

Years	Months	Days	If less than one day
84	9	10	... hrs. ... min.

9. Birthplace Talbot County, Md. (Town, county, and state)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Wm Bridges
13. Birthplace Md
MOTHER 14. Maiden name Nancy Kinnamon
15. Birthplace Md.
16. Informant Mrs. Wm Townsend
Address Easton. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 11, 1945 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton, Md.
18. Funeral director J. Ellis Clark
Address Easton. Md.
19. 4/11 1945 N. H. Meeres (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1945, at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1940, to April 9 1945
and that I last saw her alive on ... 19...

Immediate cause of death	DURATION
Myocardial failure	2 da.
Due to Cerebral Hemorrhage	1 mo.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE J. Tyler Baker M.D. M. D. or other
Address Easton Date signed 4-10-45

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

64181

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 Hours
Hospital, Institution, or street address where death occurred: Corner Hoard St.
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 8 S. Hanson St.
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME
MARY CASTELLA BRENNEMAN

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife Edward Brenneman
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 10, 1873

8. AGE: Years 71 | Months 9 | Days 7 | If less than one day ..... hrs. ..... min.

9. Birthplace Talbot Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Thomas Xavier Reynolds
13. Birthplace Delaware

MOTHER
14. Maiden name Mary Ann Lucretia Carman
15. Birthplace Pennsylvania

16. Informant Miss Jennie Reynolds (Sister)
Address Easton, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof April 20, 1945
(month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton, Md.

18. Funeral director P. Ellis Clark
Address Easton, Md.

19. 4/20 1945
(Date rec'd by registrar)
M. H. Nevins
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1945, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Chronic Myocarditis	14 yrs.
Due to Hypertension	10 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, indostry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE J. Tyler Bacon M.D.
M. D. or other
Address Easton, Md. Date signed 4-19-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04182

CERTIFICATE OF DEATH

Reg. Dist. No. 296

1. PLACE OF DEATH:

County: Talbot

City or town: Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 hrs.

Hospital, Institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution? 3 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Caroline Co.

City or town: Denton, Maryland (R.D.) 3
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: V

3.(a) FULL NAME: Edna V. Flamer

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	married

6.(b) Name of husband or wife: Charles Flamer

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years	Months	Days	If less than one day
23			..... hrs. ..... min.

9. Birthplace: Denton, Md. Caroline Co.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Willey Gibson
13. Birthplace: Hillsboro, Md.

MOTHER
14. Maiden name: Janie Wright
15. Birthplace: Denton, Md.

16. Informant: Mary Waymen (aunt)
Address: Denton, Maryland

17. Buried (Burial, cremation, or removal. Which?) Date thereof 4-21-45 (month) (day) (year)

Cemetery or crematory: Spring Grove Cemetery

Location: Dreboro Md.

18. Funeral director: J. Virgil Elwood & Son

Address: Dreboro Md.

19. 4/17/45 (Date rec'd by registrar) N. D. Meares Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 17 19 45 at 4 00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 17 19 45 to Apr. 17 19 45

and that I last saw h.er alive on April 17 19 45

	DURATION
Immediate cause of death: Hemorrhage &c	Several Hrs.
Due to: Ruptured Ectopic	1 da.
Due to: Tubal Pregnancy	6 Wks
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings of operations: Ruptured bleeding Rt tube

Date of op. April 16

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: M. D. or other

Address: Easton Md. Date signed 4/18/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8301

CERTIFICATE OF DEATH

Reg. Dist. No. 292

14183

1. PLACE OF DEATH:
County Talbot
City or town Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mamie V. Frazier

3.(b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife William Frazier
6.(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Dec 11-1896

8. AGE: Years	Months	Days	If less than one day
48	6	3	hrs. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
12. Name of FATHER Maria Slaughter
13. Birthplace of FATHER Don't know
14. Maiden name of MOTHER Sadie Devere
15. Birthplace of MOTHER Maryland
16. Informant Mr William Frazier
Address Trappe, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr 17 1945 (month) (day) (year)
Cemetery or crematory Windy Hill
Location Trappe (Rural) Maryland
18. Funeral director Maurice E. Newnam & Son
Address Easton Maryland
19. Apr 16 1945 (Date rec'd by registrar) Douglas Conner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1945, at 1:00 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1944, to April 14 1945
and that I last saw her alive on April 14 1945

Immediate cause of death	DURATION
Cerebral hemorrhage	2 hrs
Due to Arteriosclerosis	(?)
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Douglas Conner M. D. or other
Address Trappe Md Date signed Apr 16-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

04184

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Newcomb
(if outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town
(if outside city or town limits, write RURAL and give nearest town)
Street No.
(if rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Ernest P. Hall

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 1858

8. AGE: Years 86 | Months 8 | Days 23 | If less than one day hrs. min.

9. Birthplace ~~Canada~~ Canada
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name A. H. Hall
13. Birthplace N. York State

MOTHER 14. Maiden name Unknown
15. Birthplace Unknown

16. Informant T. S. Hall
Address Newcomb Md

17. Burial Date thereof April 19, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Spring Hill Cemetery
Location Easton Md

18. Funeral director Newnam & Harrison
Address St. Michaels Md

19. April 17 1945 John H. Howard Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 April 1945, at 3.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17 April 1945, to 17 April 1945
and that I last saw him alive on 17 April 1945

Immediate cause of death	DURATION
Coronary occlusion	
Due to	
Due to	
Other conditions Coronaria true	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. J. Perkins M.D.
M. D. or other
Address Royal Oak Md Date signed 4/18-45

9.50
7
56.60

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04185

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days ½ hrs.

Hospital, institution, or street address where death occurred:

Memorial Hospital.

How long in hospital or institution? 4 days ½ hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton R F D #1

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Baby Girl Hambleton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	S

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 22 - 45

8. AGE: Years | Months | Days: 4 | If less than one day: ½ hrs. ..... min.

9. Birthplace: Easton Talbot Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Horace Emerson Hambleton
13. Birthplace: St Michaels

MOTHER
14. Maiden name: Lois Mae Reed
15. Birthplace: Dorchester

16. Informant: Lois Mae Hambleton

Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 27, 1945 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: St. Michaels Md

18. Funeral director: Newnam & Waeman

Address: St. Michaels. Md.

19. 4/26/45 (Date rec'd by registrar) M. H. Meeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 26 - 45 - 1945 at 8 05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 1945 to April 26 1945 and that I last saw him alive on April 26 1945

	DURATION
Immediate cause of death: Prematurity	
27 weeks	
Due to	
Due to	
Other conditions	
(Includo pregnancy within 3 months of death)	

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Tyler Baker M.D.
M. D. or other

Address: Easton Date signed 4-26-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (16)

CERTIFICATE OF DEATH

04186

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Easton Memorial Hospital
How long in hospital or institution? 34 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Denton, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 208 North 6th St.
(If rural, give LOCATION)
2.(a) If veteran, name war: V

3. (a) FULL NAME: John A. Archer - Hatcher

3. (b) Social Security Number.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6.(b) Name of husband or wife: Unknown
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years	Months	Days	If less than one day
66			hrs. ..... min.

9. Birthplace: Unknown (Town, county, and state)
10. Usual occupation: Furniture repair
11. Industry or business: —
FATHER 12. Name: Unknown
13. Birthplace: "
MOTHER 14. Maiden name: Unknown
15. Birthplace: "
16. Informant: J. Virgil Moore
Address: Denton
17. Burial, cremation, or removal. Which? Buried Date thereof 4—30—45 (month) (day) (year)
Cemetery or crematory: Denton Cemetery
Location: Denton Md.
16. Funeral director: J. Virgil Moore
Address: Denton Md.
19. 4/30/45 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION.

20. DATE OF DEATH: 4-29-45, 19..., at 6.12 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26 19 45 to April 29 19 45
and that I last saw him alive on April 28, 19 45

Immediate cause of death	DURATION
Uremia	1 wk
Due to Pyelonephritis	1 month
Due to Psoas abscess	2 mos.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.....
Autopsy results: Psoas abscess Infected Kidneys
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: John F. Schneider M.D.
M. D., or other
Address: Easton Md. Date signed: Apr 29 45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

04187

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 305 South Lane
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: REBBECA JANE HUBBARD

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6.(b) Name of husband or wife: Elijah Hubbard
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Unknown 1888

8. AGE: Years	Months	Days	If less than one day
57			hrs. min.

9. Birthplace: Talbot Co. Md. (Town, county, and state)
10. Usual occupation: Domestic
11. Industry or business:

FATHER
12. Name: Richard Dilghman
13. Birthplace: Md.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Md.

16. Informant: Fannie J. Cornish
Address: Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 16, 1945 (month) (day) (year)
Cemetery or crematory: Richards Cemetery
Location: Easton, Md.

18. Funeral director: L. Ellis Clark
Address: Easton, Md.

19. 4/13/45 (Date rec'd by registrar) N. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 13 1945, at 5 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 1945 to April 13 1945
and that I last saw h... alive on April 13 1945

	DURATION
Immediate cause of death: Acute Pancreatitis Hepatitis	2 mos.
Due to: Cerebral Hemorrhage	
Due to:	
Other conditions: Hypertension	2 years

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Howard T. Duff, M.D. M. D. or Other
Address: Easton, Md. Date signed 4/16/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

CERTIFICATE OF DEATH

04188

Reg. Diat. No. 397

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Entire Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Trappe (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: George Lumbley Jenkins

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Edith E. Jenkins
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 9, 1864

8. AGE: Years: 80 | Months: 6 | Days: 21 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Trappe (Rural) Talbot Co., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Franklin Jenkins
13. Birthplace: Talbot Co., Md.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Talbot County, Md.

16. Informant: Mrs. Reginald Jenkins
Address: Trappe, Md. RD

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 2, 1945 (month) (day) (year)
Cemetery or crematory: Spring Hill
Location: Easton Md

18. Funeral director: Maurice E. Newnam Hom
Address: Easton, Md.

19. Apr 30 1945 (Date rec'd by registrar) Joseph Goode Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr 30, 1945, at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15 1945, to Apr 30 1945
and that I last saw him alive on Apr 15 1945

Immediate cause of death	DURATION
Myocardiac Heart disease	1 yr.
Due to: Arterio Sclerosis and Hypertension	10 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: William S. Seymour M. D. or other
Address: Trappe Md. Date signed 4/30/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4

04189

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Memorial Hospital, Easton, Md.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 130 Port Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William H. Jenkins

3.(b) Social Security Number 217-03-9213

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Married

6.(b) Name of ~~husband or~~ wife Anna Jenkins

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1890

8. AGE: Years	Months	Days	If less than one day
54			hrs. ..... min.

9. Birthplace Easton Md. (Town, county, and state)

10. Usual occupation Cook

11. Industry or business Restaurant

FATHER 12. Name Thomas Jenkins

13. Birthplace Easton Md

MOTHER 14. Maiden name Irene Green

15. Birthplace Caroline Co. Md.

16. Informant Anna Jenkins

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4 (Month) 23 (day) 45 (year)

Cemetery or crematory Orchard Cemetery

Location Easton Md.

18. Funeral director Edward D. Williams

Address Easton, Md.

19. 4/22 (Date rec'd by registrar) 1945 N.H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1945, at 1:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 1945, to April 21 1945 and that I last saw h~~im~~ alive on April 21 1945

	DURATION
Immediate cause of death Uremia	5 da.
Due to Nephrosclerosis	Sev. Wks.
Due to Hypertension	?
Other conditions Post Hemiplegia	1 da.
Diabetes	?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ivan Bean M.D. M. D. or other

Address Easton Date signed 4-28-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-a

04190

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton, R.F.D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural (Unionville)
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: HENRY JOHNSON

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: Colored
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Ella Johnson
6.(c) If alive, give age: 50 years
7. Birth date of deceased (mo., day, yr.): Unknown 1867
8. AGE: Years: 78 Months: — Days: — If less than one day: hrs. min.
9. Birthplace: Talbot Co. Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farming
FATHER 12. Name: John Johnson
FATHER 13. Birthplace: Md.
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace:
16. Informant: Ella Johnson (wife)
Address: Easton, Md. R.F.D. #1
17. (Burial, cremation, or removal. Which?) Burial Date thereof: April 22, 1945 (month) (day) (year)
Cemetery or crematory: Unionville
Location: Easton, Md. R.F.D. #1
18. Funeral director: T. Ellis Clark
Address: Easton, Md.
19. 4/22 1945 (Date rec'd by registrar) W. H. Meeris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19 1945, at 1.25 A. M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 5 1945 to April 19 1945
and that I last saw him alive on April 19 1945.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Acute Parenchymatous Nephritis	1 mo.
Due to:	
Other conditions: Hypertension	5-6 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did Injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of Injury: Injured at work?

23. SIGNATURE: Hayward T. Pratt, M.D. (M. D. or other)
Address: Easton, Md. Date signed 4/24/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

04191

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28½ hrs.

Hospital, Institution, or street address where death occurred: Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Maydel

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Baby Neil Le Pore

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 22 - 45

8. AGE: Years	Months	Days	If less than one day
31 hrs.		1	31 hrs. min.

9. Birthplace: Easton Md Talbot. (Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Anthony Le Pore

13. Birthplace: Newark N.J.

MOTHER — 14. Maiden name: Philomina DeRocco.

15. Birthplace: Belville N.J.

16. Informant: Anthony Le Pore

Address: Maydel Md.

17. (Burial, cremation, or removal, Which?) Burial Date thereof: April 24/1945 (month) (day) (year)

Cemetery or crematory: Holly Cross

Location: Denton Greensboro Road

18. Funeral director: Raymond B. Rawlings

Address: Greensboro Md.

19. 4/24/45 (Date rec'd by registrar) M. H. Nevitt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 23 19 45, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 - 1 30 p.m. 19 45, to April 23 19 45, and that I last saw h.. alive on April 23 19 45.

Immediate cause of death	DURATION
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: M. Nelson M. D. or other

Address: Easton Md Date signed: 4/24/45

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

Evidence for change of age is shown on FILM No. G 95 JUN 5 1945

04192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 293 290

PLEASE WRITE PLAINLY, WITH UNFADING INK (Pencil). Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: (a) ~~Baltimore City~~, Maryland — QUEENANNE
(b) Street address — Talbot Co. md
(c) ~~Hospital or institution~~
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Talbot
(c) City or town Cordova
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EARL SAMUEL milby.

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. 217-07-4443

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 12, 1892

8. AGE: Years 52 | Months | Days | If less than one day ____ hr. ____ min.

53

9. Birthplace CAROLINE Co, md.
(Town, county, and state)

10. Usual Occupation CARPENTER.

11. Industry or business

FATHER
12. Name Frank milby.
13. Birthplace Queen Anne Co. md

MOTHER
14. Maiden Name Mollie E. ANDREW
15. Birthplace Caroline Co md.

16 (a) Informant Margaret Doe.
(b) Address Cordova md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28/45 (month) (day) (year)
(c) Cemetery or crematory Hillsboro Cemetery
Location Hillsboro, md.

18 (a) Funeral director Earl W Stafford
(b) Address Easton md.

19 (a) 4/26/45 (Date rec'd by registrar) (b) W. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 19 45, at 2:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/25 19 45, to 4/25 19 45, and that I last saw h[illegible] alive on 4/25 19 45.

Immediate cause of death: Coronary occlusion — Duration 45 min's.

Due to: Coronary arteria-sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 4/25

VS 150

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will he known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline **that particular ONE** cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04193

Reg. Dist. No. 290

1. PLACE OF DEATH

County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 33 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary P. Pearce

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	M.

6.(b) Name of husband or wife Charles S. Pearce

6.(c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) April 5, 1858

8. AGE: Years 86 | Months 11 | Days 29 | If less than one day ... hrs. ... min.

9. Birthplace Near Crosby, Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Tom Conlyn

13. Birthplace Md.

MOTHER 14. Maiden name Sarah Elizabeth Doughton

15. Birthplace Md.

16. Informant Mrs. Charles Pearce

Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 7, 1945 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton, Md.

18. Funeral director Robert Beck

Address Easton, Md.

19. 4/6 1945 (Date rec'd by registrar) M. H. Dennis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1945, at 7:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 1945, to Apr 4 1945, and that I last saw h.er alive on Apr 4 1945.

Immediate cause of death	DURATION
Coronary Thrombosis	8 d
Due to	
Due to Arteriosclerosis	Years
Other conditions	yrs.

(Include pregnancy within 3 months of death)

Major findings of operations no

Date of op.

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O. W. C. Stevens M. D. (M. D. or other)

Address Easton Md Date signed 4-5-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

04194

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Easton Memorial Hospital
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Caroline
City or town Ridgely (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war ✓

3.(a) FULL NAME Mr. Samuel Price

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	W.	widower

6.(b) Name of husband or wife Lonie Price
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 26, 1876

8. AGE: Years	Months	Days	If less than one day
68	8	1	hrs. min.

9. Birthplace Condora, Talbot Co. Md. (Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business House
FATHER 12. Name Franklin Price
13. Birthplace Md.
MOTHER 14. Maiden name Matilda Easom
15. Birthplace Md.
16. Informant Eason Price
Address Ridgely Md.
17. Burial, cremation, or removal Which? Burial Date thereof May 1, 1945 (month) (day) (year)
Cemetery or crematory Ridgely
Location Ridgely Md.
18. Funeral director Raymond B. Rawlings
Address Denton Md.
19. 4/30/45 (Date rec'd by registrar) N. H. Reeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1945, at 9:35 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9 1945 to April 27 1945
and that I last saw h[illegible] alive on April 27 1945

Immediate cause of death	DURATION
Edema of Lungs	1 day
Due to Myocardial failure	3 wks
Due to Arteriosclerosis	Chronic
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Kurt Lederer M.D. M. D. or other
Address Queen Anne Md Date signed 4/28

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04195

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot.

City or town Easton.

(If outside city or town limits, write RURAL and give nearest town)

How long at above place of death? Life.

Hospital, institution, or street address where death occurred: W. Harrison St. Peddie Apt.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Easton.

(If outside city or town limits, write RURAL and give nearest town)

Street No. W. Harrison St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Alice Gale Reddie

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widowed

6.(b) Name of husband or wife Wm Reddie.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 13, 1879

8. AGE: Years 66 | Months - | Days 15 | If less than one day ..... hrs. ..... min.

9. Birthplace Easton Talbot. Md. (Town, county, and state)

10. Usual occupation Lady

11. Industry or business At Home

MOTHER FATHER

12. Name John C. Gale.

13. Birthplace Md.

MOTHER

14. Maiden name Mary Elizabeth Baker.

15. Birthplace Md

16. Informant Wm Reddie.

Address Easton. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 30 1945 (month) (day) (year)

Cemetery or crematory Odd Fellows.

Location Easton. Md.

18. Funeral director Willis Clark.

Address Easton. Md.

19. 4/30 19 45 (Date rec'd by registrar) N. St. Nevitt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1945, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death Coronary occlusion	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis D. Notty M.D. M. D. or other

Address Easton Md. Date signed 4-29-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04196

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton, Rural Irytown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all of life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Irytown Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Peter D. Roberts

3. (b) Social Security Number 215-12-6101

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29th 1876

8. AGE: Years	Months	Days	If less than one day
68	6	10	hrs. min.

9. Birthplace Irytown (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Grain
FATHER 12. Name Peter J. Roberts
13. Birthplace Irytown
MOTHER 14. Maiden name Lizzie Malby
15. Birthplace Irytown, Md.
16. Informant Charles Roberts
Address Easton, Rural, Irytown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 11, 1945 (month) (day) (year)
Cemetery or crematory Roberts Cemetery
Location Irytown Easton R.D. Md.
18. Funeral director John D. Williams
Address Easton, Md.
19. 4/10 (Date rec'd by registrar) 19 45 N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 19 45 at 8 o'c P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 19 45 to April 7 19 45
and that I last saw h.. alive on April 7 19 45
Immediate cause of death
Broncho pneumonia 5 days
Due to
Exposure Exposure
Due to
Other conditions
(Include pregnancy within 3 months of death)
DURATION
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Raymond T. Dietz M.D.
M. D. or other
Address Easton, Md. Date signed 4/10/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 69

CERTIFICATE OF DEATH

04197

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Memorial Hospital
How long in hospital or Institution? 68 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton
(If outside city or town limits, write RURAL and give nearest town)
Street No. 516 Goldsborough Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Mrs. Lillie A. Shannahan

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6.(b) Name of husband or wife Albert Shannahan
7. Birth date of deceased (mo., day, yr.) Oct 25, 1874 6.(c) If alive, give age ..... years

8. AGE:

Years	Months	Days	If less than one day
70			..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation housewife
11. Industry or business

FATHER
12. Name George W. Godwin
13. Birthplace Maryland

MOTHER
14. Maiden name Annie A. Porter
15. Birthplace Maryland

16. Informant Albert F. Shannahan (Husband)
Address Easton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 11 1945 (month) (day) (year)
Cemetery or crematory Springhill Cemetery
Location Easton, Md

18. Funeral director Wm. Leach
Address Easton Md.

19. 4/9 1945 (Date rec'd by registrar) M. H. Meerse Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 April 1945 at 11:10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-30-45 19.. to 4-8-45 19.. and that I last saw h.. alive on 4-8-45 19..

Immediate cause of death	DURATION
Pellagra	4 yrs.
Due to	
Due to	
Other conditions Anemia	3 years

(Include pregnancy within 3 months of death)

Major findings of operations no Date of op.
Autopsy results no
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. McC. Stevens M. D. (M. D. or other)
Address Easton Md Date signed 4-11-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137-a

CERTIFICATE OF DEATH

04198

Reg. Dist. No. 292

1. PLACE OF DEATH:
County: Talbot
City or town: Trappe
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Trappe
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Charles E. Simpson

3.(b) Social Security Number: 219-05-0531

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6.(b) Name of husband or wife: Elizabeth
6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Oct. 2, 1874

8. AGE: Years	Months	Days	If less than one day
70	6	26	hrs. min.

9. Birthplace: Trappe, Talbot Co., Md. (Town, county, and state)
10. Usual occupation: Druggist
11. Industry or business:
FATHER 12. Name: Silas L. Simpson
13. Birthplace: Delaware
MOTHER 14. Maiden name: Mary E. Tall
15. Birthplace: Dorchester Co. Md.
16. Informant: Mrs. Charles E. Simpson
Address: Trappe, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 1, 1945 (month) (day) (year)
Cemetery or crematory: Spring Hill Cemetery
Location: Easton Maryland
18. Funeral director: Maurice E. Newnam & Son
Address: Easton, Maryland
19. Apr 30 1945 (Date rec'd by registrar) Joella Cox Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 28, 1945, at 11:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1945 to April 28 1945 and that I last saw him alive on April 28 1945

Immediate cause of death	DURATION
Coronary thrombosis	15 min
Due to: Hypertension resection	5 years
Due to: Enlarged prostate	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury. Injured at work?

23. SIGNATURE: Joella Cox M. D. or Coroner
Address: Trappe Md. Date signed: 4/30/45

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

CERTIFICATE OF DEATH

04199

Reg. Dist. No. 21-r

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot (rural)
City or town: Trappe (rural) Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Talbot
City or town: Trappe, rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Sarah Stanton

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Widow

6.(b) Name of husband or wife: Robert Stanton
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 20 - 1884

8. AGE: Years: 61 | Months: 0 | Days: 23 | If less than one day: hrs. min.

9. Birthplace: Trappe (rural) Md. (Town, county and state)

10. Usual occupation: House work

11. Industry or business:

FATHER
12. Name: Jack Freeman
13. Birthplace: Talbot Co. Md

MOTHER
14. Maiden name: Emma Sewell
15. Birthplace: Talbot Co

16. Informant: Lionel Sandman
Address: Trappe Md R.A.

17. Burial, cremation, or removal. Which?: Burial Date thereof: Apr 17 45 (month) (day) (year)
Cemetery or crematory: Scott AME Cemetery
Location: Trappe (rural) Md

16. Funeral director: Lewis F. Bowman
Address: Cambridge Md

19. Apr 17 1945 (Date rec'd by registrar) Joe Flaherty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 13 1945, at 11 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1, 1944 to April 13 1945
and that I last saw h[illegible] alive on April 13 1945

Immediate cause of death: Chronic Interstitial Nephritis — DURATION: 3 yrs.

Due to:

Due to:

Other conditions: Hypertension — DURATION: 3-4 yrs

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Howard T. Pitt M.D.
M. D. or other
Address: Easton, Md. Date signed: 4/14/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

04200

Reg. Dist. No. 770

1. PLACE OF DEATH:
County: Talbot
City or town: Near Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0
Hospital, institution, or street address where death occurred:
on Choptank River Bridge
How long in hospital or institution? 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 228 Cedar St.
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Johnnie Wesley Stevenson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	married

6.(b) Name of husband or wife: Queenie Calvert
6.(c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.): June 30, 1915

8. AGE:	Years	Months	Days	If less than one day
	29	9	21	...hrs. ...min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Chauffeur
11. Industry or business: Trucking

FATHER
12. Name: John Stevenson
13. Birthplace: N.Carolina

MOTHER
14. Maiden name: Lucy Stevenson
15. Birthplace: N. Carolina

16. Informant: Queenie C.Stevenson
Address: 18 Cross St. -Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-27-45 (month) (day) (year)
Cemetery or crematory: Silent City Cemetery
Location: Cambridge Md.
16. Funeral director: Leon N. Bayuse
Address: Cambridge Md.

19. 4-25- 19 45 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21 19 45, 8-15P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X 19... to X 19...
and that I last saw h... X ...alive on ... X ... 19...

Immediate cause of death	DURATION
Haemorrhage	
Due to Deep laceration on left side of neck, severing all the vessels	
Due to on that side.	
Other conditions x	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of Apr. 21/45
Where did injury occur? nr Cambridge, Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) on State Bridge
Means of injury: Automobile Injured at work? No

23. SIGNATURE: J. K. Shriver, Dep. Med. Exam.
M. D. or other
Address: Cambridge, Md. Date signed: Apr. 23/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(T)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04201

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Rural Easton Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot

City or town Rural Easton Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Dorothea Ann Stockley

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	M.

6.(b) Name of husband or wife Wm Richard Stockley

6.(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1924

8. AGE: Years	Months	Days	If less than one day
20	4	24	hrs. min.

9. Birthplace Talbot County Md. (Town, county, and state)

10. Usual occupation Clerk

11. Industry or business

FATHER 12. Name Frank A. Ewing

13. Birthplace Md.

MOTHER 14. Maiden name Marie Tyler

15. Birthplace Md.

16. Informant Mrs. Frank A. Ewing

Address Easton, Md. R.D.

17. Buried (Burial, cremation, or removal. Which?) Date thereof April 28, 1945 (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md.

18. Funeral director P. Bell Bark

Address Easton, Md.

19. 4/27 (Date rec'd by registrar) 19 45 M. H. Meeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 19 45, at 4:55 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Pulmonary tuberculosis	1 yr.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Louis A. Hardy M.D. M. D. or other

Address Easton Md. Date signed 4/27/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

04202

cert 292

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Oxford- found on shore near

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County

City or town Little Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME JAMES B. WALLACE

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	Single

6.(b) Name of husband or wife

8.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29- 1921

8. AGE: Years	Months	Days	If less than one day
23	9	15	hrs. min.

9. Birthplace Mt. Victory, Ohio.

(Town, county, and state)

10. Usual occupation Seaman

11. Industry or business U.S. Navy.

FATHER 12. Name Alex. Wallace

13. Birthplace Bryan, Ohio.

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Lt. F. S. Barnett

Address A.T.B. Little Creek, Va.

17. Ship by Penna R.R. April 26-45.

(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Bellefontainne, Ohio.

Location Kenneday Funeral Home

18. Funeral director John D. Williams

Address Easton, Md.

19. 4/23 19 45 M.H. Norris

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 13, 19 45, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19

and that I last saw h alive on 19

Immediate cause of death	DURATION
Accidental Drowning	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 4-13-45

Where did injury occur? in Choptank River nr Benoni Lighthouse (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury drowning Injured at work?

23. SIGNATURE Louis D. Watts M.D. Dep medical Examiner

M. D. or other

Address Easton, Md. Date signed 4-23-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04203

Reg. Dist. No. 293 290

1. PLACE OF DEATH:

County Talbot

City or town Cordova (Rural)

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Cordova

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME WILLIAM THOMAS WARNER

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Carrie Warner

6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 30, 1877

8. AGE:	Years	Months	Days	If less than one day
	68	—	28	..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER 12. Name John Richard Warner

13. Birthplace Md.

MOTHER 14. Maiden name Rosella Turner

15. Birthplace Md.

16. Informant W. S. Carroll Warner Son

Address Cordova Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 1, 1945 (month) (day) (year)

Cemetery or crematory Matthewstown

Location Cordova Md. (Rural)

18. Funeral director T. Ellis Clark

Address Easton, Md.

19. 4/30 1945 H. H. Merrick

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1945, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death Coronary occlusion — DURATION: Unknown

Due to .....

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations .....

..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Louis D. Nesbitt M.D. Dept. Health M. D. or other

Address ..... Date signed 5-8-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

04204

Reg. Dist. No. 292

1. PLACE OF DEATH:
County: Talbot
City or town: Trappe
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 64 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Trappe
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Annie Maria Parsons Webb

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or wife: Charles A. Webb
6.(c) If alive, give age: 88 years
7. Birth date of deceased (mo., day, yr.): Oct. 26, 1860

8. AGE:

Years	Months	Days	If less than one day
84	5	13	...hrs. ...min.

9. Birthplace: Royal Oak Road, Maryland
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Thomas Parsons
13. Birthplace: Unknown
MOTHER 14. Maiden name: Susan Benson
15. Birthplace: Talbot Co. Md.
16. Informant: Mrs. John R. Hughlett
Address: Trappe, Maryland
17. Burial, cremation, or removal. Which?: Burial Date thereof (month) (day) (year): Apr. 11, 1945
Cemetery or crematory: Oxford
Location: Oxford, Md.
18. Funeral director: Maurice E. Nevard-Jr.
Address: Easton, Maryland
19. (Date rec'd by registrar) Apr 9- 1945 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8, 1945, at 4:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8- 1945 to April 8 1945 and that I last saw h.er alive on April 8 1945

Immediate cause of death	DURATION
Cardiac Decompensation	10 hrs
Due to	
Due to	
Other conditions: 1 Diabetes	10 years

(Include pregnancy within 3 months of death)

Major findings of operation:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Douglas Conner M. D. or other
Address: Trappe, Md. Date signed: 4/9/45-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04205

Reg. Diat. No. 294

1. PLACE OF DEATH:
County: Talbot
City or town: Tilghman
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Tilghman
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Samuel B. Willey

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Nancy E. Robbins

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1-12-1861

8. AGE:

Years	Months	Days	If less than one day
84	3	18	..... hrs. ..... min.

9. Birthplace: Church Creek Dorchester Co (Town, county, and state) Md.
10. Usual occupation: Waterman
11. Industry or business: Oysters

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Charlotte E. Robbins
15. Birthplace: Mc Daniel Md.

16. Informant: Mrs. Henry Harrison
Address: Mc Daniel Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-2-45 (month) (day) (year)
Cemetery or crematory: Tilghman Meth.
Location: Tilghman Md.

18. Funeral director: J. Norman Marshall
Address: St Michaels

19. 5-2-45 (Date rec'd by registrar) J. Jarman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 30 1945 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 1945 to April 30 1945
and that I last saw ..... alive on April 29 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to: Hypertension & Arteriosclerosis	5 yrs
Due to:	
Other conditions: Infirmities of Old Age	6 yrs

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Eugene Allen Md. M. D. or other
Address: Tilghman Date signed May 5 1945

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12)

CERTIFICATE OF DEATH

04207

Reg. Dist. No. 2-96

1. PLACE OF DEATH:
County Talbot
City or town Easton, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 days
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 30 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Anne's
City or town Centreville, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Catherine Ocilla Youman

3. (b) Social Security Number 215-20-0004

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Married

6.(b) Name of husband ~~or wife~~ William Norris Youman
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 10, 1909

8. AGE: Years	Months	Days	If less than one day
36		2	..... hrs. ..... min.

9. Birthplace Centreville, Md. Queen Anne Co.
(Town, county, and state)
10. Usual occupation H.W.
11. Industry or business
FATHER 12. Name William Frank Hunter
13. Birthplace Centreville, Md.
MOTHER 14. Maiden name Martha Davis
15. Birthplace Centreville, Md.
16. Informant Thomas Hall Hunter
Address Centreville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/15/45 (month) (day) (year)
Cemetery or crematory Chesterfield
Location Centreville, Md.
18. Funeral director Baton Bird
Address Centreville Maryland
19. 4/13 19 45 M.H. Nevins Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 19 45, at 9 40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 19 45, to April 12 19 45
and that I last saw h.. alive on April 12 19 45

	DURATION
Immediate cause of death Pulmonary Oedema	12 hrs.
Due to Carcinoma	7 yrs.
Due to Bronchial Stenosis Bronchus	3 mos.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Palmer M. D. or other
Address Easton Md. Date signed 4/13/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (460)

04206

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 da.
Hospital, Institution, or street address where death occurred: Memorial Hospital
How long in hospital or institution? 3 da.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton (If outside city or town limits, write RURAL and give nearest town)
Street No. 510 Port St. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Alexander Young

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Widower

6.(b) Name of husband or wife Charlotte Young
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years	Months	Days	If less than one day
60			..... hrs. ..... min.

9. Birthplace Trappe Md (Town, county, and state)
10. Usual occupation Janitor
11. Industry or business Ct. House

FATHER
12. Name Alexander Young
13. Birthplace Md

MOTHER
14. Maiden name Frances Wilson
15. Birthplace Md.

16. Informant Clarence Young
Address Philadelphia Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/4/45 (month) (day) (year)
Cemetery or crematory Trappe
Location Trappe Md.
18. Funeral director E. Ellis Clark Undr.
Address Easton Md.

19. 4/2 1945 (Date rec'd by registrar) M. M. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1945, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 1945, to April 1 1945
and that I last saw h.. alive on April 1 1945

Immediate cause of death	DURATION
Thrombosis	
Due to Carcinoma of Esophagus	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations C. A. of Esophagus
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. D. Palmer M. D. or other
Address Easton Md Date signed 4/2/45